

09/826,166

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09826166	FILING DATE
							APPLICANT(S)	
911105 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2	1		1				52	
3		2		2			53	
4		2		cancel			54	
5		2		cancel			55	
6		2		2			56	
7		2		2			57	
8		2		2			58	
9		2		cancel			59	
10		2		2			60	
11		2		2			61	
12	1		1				62	
13	1		1				63	
14							64	
15							65	
16							66	
17							67	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4		4				TOTAL IND.	
TOTAL DEP.	18		12				TOTAL DEP.	
TOTAL CLAIMS	22		16				TOTAL CLAIMS	

Best Available Copy

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